Confidential Client Worksheet

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FINANCIAL PROFILE

DATE______________

CLIENT		SPOUSE		CHILDREN	
Name		Name		Name	
SS#	Birthdate	SS#	Birthdate	SS#	Birthdate
Phone/Cell Phone		Phone/Cell Phone		Name	
Email Address		Email Address		SS#	Birthdate
Home Address				Name	
City	State	Zip Code		SS#	Birthdate
Drivers License # Issue Date: Exp Date:		Drivers License # Issue Date: Exp Date:		Name	
Occupation		Occupation		SS#	Birthdate
Business Name	Phone	Business Name	Phone	Name	
Business Address		Business Address		SS#	Birthdate
				Name	
Years Employed	Annual Income/NW	Years Employed	Annual Income/NW	SS#	Birthdate
Date of Will		Date of Will			
Estimated Retirement Date		Estimated Retirement Date			

ANNUAL INCOME

	20____		20____		20____	
	Client	Spouse	Client	Spouse	Client	Spouse
Employment (wages, salaries, bonuses)						
Self-employment/business income						
Social Security benefits						
Other Government benefits						
Taxable investment income						
Nontaxable investment income						
Pensions (if currently receiving)						
Other income						
Taxable						
Nontaxable						
Total annual income						
Combined total annual income						

FINANCIAL GOALS AND OBJECTIVES

Briefly describe your financial goals and objectives and rate them in order of importance. (e.g., Retirement, Education, Family Needs, Investment Goals, Taxes, Debt Pay Off, New Business)

ASSETS

ASSET NAME/ INSTITUTION	VALUE	MATURITY	%	OWNER	MONTHLY ADDITIONS	OBJECTIVE
CHECKINGS						
SAVINGS						
CDs						
STOCKS						
BONDS (Gov.,Muni.,Corp.)						
MUTUAL FUNDS						
ANNUITIES						
CLIENT-RETIREMENT PLAN						
CLIENT-401(K)						
CLIENT-IRA						
SPOUSE-RETIREMENT PLAN						
SPOUSE-401(K)						
SPOUSE-IRA						
RESIDENCE						
OTHER REAL ESTATE						
FURNISHINGS						
AUTOMOBILES						
COLLECTIBILES/OTHER PROPERTY						
TOTAL	**$**				**$**	

LIABILITIES

LIABILITIES	VALUE	AMOUNT BORROWED	DATE BORROWED	LOAN LENGTH	%	AMOUNT OWED	PAYMENTS
HOME MORTGAGE							
OTHER MORTGAGE							
AUTO LOAN 1							
AUTO LOAN 2							
BANK LOAN							
PERSONAL LOAN							
CREDIT CARD 1							
CREDIT CARD 2							
STUDENT LOAN							
LIFE INSURANCE LOAN							
TOTAL	**$**					**$**	**$**

ASSETS $ ___________________ - LIABILITIES $ ______________________ = NET WORTH $ ________________

MONTHLY EXPENSES

Housing	$_______________________
Food	$_______________________
Clothing/Dry Cleaning	$_______________________
Gasoline	$_______________________
Car Maintenance	$_______________________
Other Committed Expenses	$_______________________
Liabilities	$_______________________
Insurance	$_______________________
Savings and Investments	$_______________________
Discretionary Expenses	$_______________________
Estimated Tax Payments	$_______________________
Total Expenses	$_______________________
Monthly Income	$_______________________
-Total Expenses	$_______________________
=Discretionary Income	$_______________________

INSURANCE PROTECTION (LIFE INSURANCE)

Client (C) Smoker Yes/No — Spouse (S) Smoker Yes/No

Company	Insured	Type	Face Amount	Premium	Loan Value	Cash Value

Type: Universal Life=UL; Term=T; Whole Life=WL; Mortgage=M

DISABILITY INCOME INSURANCE

Company	Insured	Length of Coverage	Monthly Income	Premium

DOCUMENT CHECKLIST

- ❑ Latest Investment Statements (e.g.Brokerage Accounts, Mutual Funds)
- ❑ Employee Benefits Statements (e.g. Pension, Profit-Sharing, 401(K), Keogh)
- ❑ Insurance Policies (e.g. Life, Disability)
- ❑ Federal and State Tax Returns (most recent)
- ❑ Pay Stubs (2 most recent)
- ❑ Social Security Benefit Statement
- ❑ Wills

SPENDING PLAN (Monthly or Annual)

HOUSING

Mortgage (P&I)/Rent ________
Utilities
  Telephone ________
  Electric ________
  Gas ________
  Water ________
  Garbage ________
  Sewage ________
  Other ________
Yard Care ________
Home Improvements ________
Domestic Help ________
Decorating ________
Misc. Expenses ________
TOTAL HOUSING ________

FOOD (Groceries) ________
CLOTHING/DRY CLEANING ________
GASOLINE ________
CAR MAINTENANCE ________

OTHER COMMITTED EXPENSES

Current Education Costs ________
Hair Cuts ________
Beauty Shop ________
Cosmetics ________
Medical Expenses ________
  Optician ________
  Doctor ________
  Dentist ________
  Prescriptions ________
  Glasses ________
Dependent/Child Care ________
Alimony/Child Support ________
Veterinary ________
Legal Fees ________
Accounting ________
Union Dues ________
Miscellaneous ________
TOTAL OTHER EXPENSES ________

LIABILITIES ________

Charge Accounts ________
Bank Loan(s) ________
Equity Loan(s) ________
Auto Loans(s) ________
Personal Loan(s) ________
TOTAL LIABILITIES ________

INSURANCE

Life ________
Health ________
Disability ________
Automobile ________
Homeowners ________

SAVINGS AND INVESTMENTS

Bank/Credit Union ________
Stock/Fund ________
Christmas Club ________
Other Savings ________
IRA Savings ________
401(k)/TSA Client ________
401(k)/TSA Spouse ________
TOTAL SAVINGS ________

DISCRETIONARY EXPENSES

Entertainment/Recreation
  Dining Out ________
  Baby Sitting ________
  Club Dues ________
  Paper/Magazines ________
  Cable _______
  Travel/Vacations ________
  Camps ________
  Hobbies ________
  Other ________
Contributions
  Religious ________
  Charitable ________
  Other ________
Gifts (Birthday, Christmas) ________
Spending Money ________
Allowances ________
TOTAL DISCRETIONARY ________

ESTIMATED TAX PAYMENTS

Federal
  Client ________
  Spouse ________
State
  Client ________
  Spouse ________
Local ________
FICA
  Client ________
  Spouse ________
Real Estate ________
Licenses ________
________________ ________
TOTAL TAXES ________

TOTAL EXPENSES ________

TOTAL INCOME ________

TOTAL INSURANCE _______

DISCRETIONARY INCOME _______
(Total Income-Total Expenses)